

Emergency Medical Treatment Authorization/Consent Form
Please fill this form out completely or it will be returned to you to finish.

This form was completed on _____

Child's Full Name _____
Birth Date _____
Child's Age _____
Child's Sex _____

I, _____ parent or guardian of the child named above give my permission to _____, child care center, to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the Center's supervision. I also authorize the Center to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____	
Address: _____	
Phone Numbers: _____	Home: _____
Cell: _____	Work/School _____
EMAIL: _____	
Name of Parent or Legal Guardian: _____	
Address: _____	
Phone Numbers: _____	Home: _____
Cell: _____	Work/School _____

Doctor (NEED NAME): _____
Doctor's Address (FULL ADDRESS): _____
Doctor's Phone: _____
Preferred Hospital to Contact: _____
Dentist (NEED NAME): _____
Dentist's Address (FULL ADDRESS): _____
Dentist's Phone: _____

Present medication(s): _____
Known allergies: _____
Insurance: _____

Physical on child completed on _____
Immunization records give to center on _____
If your child's religious affiliation is contrary to medical treatment or immunization requirements, you provided the center with a notarized statement on _____

The following individuals may be contacted in case of emergency and my child may be released to them:

Name: _____
Address: _____
Phone Numbers: _____ Home: _____
Cell: _____ Work/School _____
Relationship to child _____

Name: _____
Address: _____
Phone Numbers: _____ Home: _____
Cell: _____ Work/School _____
Relationship to child _____

Name: _____
Address: _____
Home Phone Numbers: _____ Home: _____
Cell: _____ Work/School _____
Relationship to child _____

Name: _____
Address: _____
Phone Numbers: _____ Home: _____
Cell: _____ Work/School _____
Relationship to child _____

Please circle your response and fill in the blank if applicable.

I do or do not give consent for my child to attend center-sponsored field trips. This may include walking, car, van, bus or public transportation.

I do or do not give consent for center staff to transport my child to and from school in a center-owned vehicle using only one staff.

I do or do not give consent for my child to attend non center activities. My child will attend the following non center activities: _____

I do or do not give consent for sun block to be applied to my child's skin. If you have a preference on sun screen you must provide it with the child's name written on the container in a permanent marker. Please list the preferred sun screen if applicable _____

I do or do not give consent for my child's picture to be taken.

I do or do not give consent for my child to be videotaped.

Parent/Legal Guardian's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____

Updated...

Parent/Legal Guardian's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____